

Simplifying Your Benefits

Following is an overview of the coverage available. For complete coverage details, please refer to the Plan SBC, Plan Summary or Plan Description (SPD) available upon request.

Product & Premium		Benefits Effective January 1, 2021		
Medical Insurance PLAN A		In-Network (Limited Non-Network Benefits)		
BCBS of MS - Tobacco Free Workplace		Office Copay²	Network¹	GAP⁵
Total Monthly Premium		Physician \$30	Deductible ² \$7,500 Individual	\$1,000
Employee \$669.67		Specialist \$30	\$22,500 Family ³	\$3,000
Employee + Spouse \$1,551.38		Urgent Care \$30	Coinsurance 20%	
Employee + Child(ren) \$1,089.87			Inpatient Services ER	Ded.&Co.
Family \$2,019.66			Services	Ded.&Co.
Employee Bi-Weekly Premium		RX Deductible² \$100	OOP Limit \$2,000 Individual	
City of Diamondhead pays \$294.84 of Employee Only premium			\$6,000 Family ⁴	
Employee \$40.00		Prescription Copays²	Lifetime Max	
Employee + Spouse \$480.86		Tier 1 \$15	Unlimited Preventative	
Employee + Child(ren) \$250.10		Tier 2 \$35	Included	
Family \$714.99		Tier 3 \$75		
Please see the section titled "Choose Carefully" on page 1		Tier 4 \$100		
Dependent Age Limit is 26 Years of Age		This is a COBRA eligible benefit upon termination. See Note on pg. 5		
Product & Premium		Benefits Effective January 1, 2021		
Medical Insurance PLAN B		In-Network (Limited Non-Network Benefits)		
BCBS of MS - Tobacco Free Workplace		Office Copay²	Network¹	GAP⁵
Total Monthly Premium		Physician \$30	Deductible ² \$7,500 Individual	\$3,500
Employee \$635.51		Specialist \$30	\$22,500 Family ³	\$10,500
Employee + Spouse \$1,474.75		Urgent Care \$30	Coinsurance 20%	
Employee + Child(ren) \$1,022.73			Inpatient Services ER	Ded.&Co.
Family \$1,910.53			Services	Ded.&Co.
Employee Bi-Weekly Premium		RX Deductible² \$100	OOP Limit \$2,000 Individual	
City of Diamondhead pays \$307.76 of Employee Only premium			\$6,000 Family ⁴	
Employee \$10.00		Prescription Copays²	Lifetime Max	
Employee + Spouse \$429.62		Tier 1 \$15	Unlimited Preventative	
Employee + Child(ren) \$203.61		Tier 2 \$35	Included	
Family \$647.51		Tier 3 \$75		
Please see the section titled "Choose Carefully" on page 1		Tier 4 \$100		
Dependent Age Limit is 26 Years of Age		This is a COBRA eligible benefit upon termination. See Note on pg. 5		

Please note all information provided is for illustrative purposes only.
Please see the Plan Summaries for additional information.